

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -2 PM 2:21

#114

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000439

LENNAR NORTHEAST I LIMITED PARTNERSHIP



Mailing Address

600 PEACHTREE STREET, N.E., SUITE 3500
ATLANTA GA 30308

Principal Office Address

1209 ORANGE STREET
WILMINGTON DE 19801

3. Date Formed or Registered

10/31/1994

3a. Date of Last Report

02/03/1997

4. State or Country of Formation

DE

5a. Capital Contributions as
Shown on record.

\$878,800.00

5b. Amount of Capital
Contributions in FL OFIDA
to date

\$494,792.00

2. Mailing Address

101 Marietta Street

2a. Principal Office Address

Suite, Apt. #, etc.

Suite 3600

City & State

Atlanta GA

City & State

Zip

30303

Country

Fulton

Zip

Country

6. FEI Number

58-2137132

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105-1 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

LNP REAL ESTATE CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

600 PEACHTREE STREET,

11b. City, State & Zip Code

ATLANTA GA 30308

11c. Registration/
Document Number

F94000005641

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Accepting Form

Mark Griffith, Vice President

Daytime Telephone Number

12/29/97
(404) 817-3919

CP2E003 (6/97)